

**KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY  
DPAM Course, Workshop, or Seminar  
Provider Approval Application Instructions**

According to 201 KAR 28:170 Section 2, Individuals or facilities applying for approval of DPAM Courses shall provide to each participant the following documentation:

- The names and addresses of the person or organization presenting the courses or training attended by the applicant;
- A copy of the course syllabus or a description of the course, workshop or seminar which includes a summary of the learning objectives and teaching methods employed in the course, workshop, or seminar;
- A timed agenda of the course, workshop, or seminar with (a) – (j) content areas as identified in Section 3 (2) of this regulation clearly detailed within the timeframes and hands-on laboratory times clearly marked;
- qualifications of the instructor(s);
- course approval documentation provided by the board to person or organization presenting the course, workshop, seminar;
- A statement signed by the designed program official confirming successful completion of the training or course of instruction; and
- The number of hours spent in the course in direct hands on laboratory practice with DPAMs.

(To apply for a DPAMs Certification, the total training and instruction shall include at a minimum eight (8) hours for an OTA/L and four (4) hours for an OT/L of hands on laboratory experience using modalities.)

The DPAM courses, workshops, or seminars [programs] shall meet requirements set forth in 201 KAR 28:170 Section 3, be at least four (4) hours in length, and be approved by the board on an annual basis.

*The board will approve only contact hours covering Deep Physical Agent Modalities which is any device that uses sound waves or agents which supply or induce an electric current through the body, which make the body a part of a circuit; including iontophoresis units with a physician's description, ultrasound, transcutaneous electrical nerve stimulation units and functional electrical stimulation un, or microcurrent devices.*

*The Board will not approve for purposes of the required training and instruction for DPAM certification time spent on Superficial Physical Agent Modalities which is hot packs, cold packs, ice, fluidotherapy, paraffin, water, and other commercially available superficial heating and cooling devices.*

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**DPAM Course, Workshop, or Seminar**  
**Provider Approval Application Form**

**PLEASE PRINT OR TYPE**

Individual Requesting Approval of CE Hours: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_
\_\_\_\_\_

*City/State*
*Zip Code*

Email Address: \_\_\_\_\_

Program Title: \_\_\_\_\_

Date(s) of Program: \_\_\_\_\_

Attach an agenda, with an itemized schedule for each day; you shall identify for each itemized time period which of the below (a) through (j) that is being covered and Lab time should be clearly marked. This form and the information submitted, including the itemized agenda should be given to each participant applying for Kentucky DPAM Specialty Certification.

Total Hours applied for: \_\_\_\_\_ Hours of hands on Laboratory time: \_\_\_\_\_  
*(This shall not include time in courses, workshops, or seminars that were considered breaks, meals, or business meetings.)*

Qualifications of Presenter(s), including curriculum Vitae is attached? Yes ☐ No ☐**Course Objectives:** Check the following required subject areas that will be met in this program.

<input type="checkbox"/>	(a) Principles of physics related to specific properties of light, water, temperature, sound and electricity;
<input type="checkbox"/>	(b) Physiological, neurophysiological, and electrophysiological changes which occur as a result of the application of each of the agents identified in KRS 319A.010(8);
<input type="checkbox"/>	(c) Theory and principles of the utilization of deep physical agents which includes guidelines for treatment or administration of agents within the philosophical framework of occupational therapy;
<input type="checkbox"/>	(d) The rational and application of the use of deep physical agents;
<input type="checkbox"/>	(e) The physical concepts of ion movement;
<input type="checkbox"/>	(f) Critical thinking and decision making regarding the indications and contraindications in the use of deep physical agents;
<input type="checkbox"/>	(g) Types selection and placement of various agents utilized;
<input type="checkbox"/>	(h) Methods of documenting the effectiveness of immediate and long-term effects of interventions;
<input type="checkbox"/>	(i) Characteristics of equipment including safe operation, adjustment, and care of the equipment; and
<input type="checkbox"/>	(j) Application and storage of specific pharmacological agents.

Signature of the Provider Representative: \_\_\_\_\_